



SUFFOLK COUNTY TAXI & LIMOUSINE COMMISSION (SCTLIC)

P.O. Box 6100, Hauppauge, NY 11788-0099 (631) 853-4458 FAX (631) 853-4825

FOR-HIRE DRIVER LICENSE APPLICATION

DRIVER INFORMATION

Name _____
Last First Initial

Home Address _____
Street Apt # City/Town State Zip

Mailing Address _____
(if different from above) Street Apt # City/Town State Zip

Date of Birth ____ / ____ / ____ **Social Security #** _____ **NYS Driver's License #** _____
Month Day Year

Privacy Act Statement: Pursuant to the Federal Privacy Act of 1974, as amended, the disclosure of Social Security numbers for applicants is mandatory and is required by 42 USCS § 666(a)(13), New York State General Obligation Law § 3-503, and Suffolk County Law § 563.5 and/or SCC 239, and/or sec 275-3A, and/or SCC 313-18A, and/or SCC 361-3A and/or SCC 391, and/or SCC 460-5, and/or SCC 483. Such numbers disclosed on the application are requested for the administration of Title IV-D of the Social Security Act (Child Support Enforcement Act) and related provisions of State law. Such numbers will be used by the Department of Labor, Licensing, & Consumer Affairs to facilitate application processing and to maintain a uniform system of identifying applicants.

Home Phone _____ **Office Phone** _____ **Cell Phone** _____

E-Mail _____

Male **Female** **Height:** _____ **Weight:** _____

Hair Color: _____ **Eye Color:** _____

List ALL Bases Station affiliations: (Include Name, Address, Phone #)

DRIVER APPLICATION CHECKLIST

Applications will not be processed without ALL of the following. Failure to submit any of the following items will result in DENIAL of your application.

____ Completed application Signed and Notarized, Including Background Questionnaire

____ \$50 Driver's Fee

____ Copy of NYS Class E, B, or Driver's License w/correct endorsements & Social Security Card

____ Proof of Completion of NYS Approved Defensive Driving Course
(Must be valid throughout licensing period)

____ Proof of fingerprinting for background check (Instruction will be given upon receipt of application)

____ Drug Screening (Instruction will be given upon receipt of application)

No application will be fully processed until ALL information is verified and the background check and drug screening results have been received and assessed. You will be notified when application is approved or denied. If approved, an appointment will be scheduled to pick up your For-Hire Driver License.

Make checks payable to Suffolk County Consumer Affairs



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BACKGROUND QUESTIONNAIRE

ALL ANSWERS AND RESPONSES WILL BE CHECKED AND VERIFIED VIA COMPUTER SEARCH, DCJS CRIMINAL BACKGROUND CHECK AND OTHER INVESTIGATIVE METHODS.

A conviction does not necessarily mean you will not get a license. Factors such as the nature of the offense, the amount of time that has passed since the conviction and your age at the time of the conviction will be considered (see Article 23-A of the New York State Corrections Law). However, your license may be denied if you fail to disclose a conviction in response to the above questions

- (1) Are you now on probation? If YES, you MUST
provide a letter of good standing from your parole/probation officer. Y____ or N____
- (2) Are you in arrears on any child support and/or maintenance obligations? Y____ or N____

AFFIRMATION

(To be completed by Applicant):

I AFFIRM UNDER PENALTY OF THE PERJURY, THAT I PREPARED THIS APPLICATION AND THAT THE STATEMENTS CONTAINED HEREIN ARE, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT AND THAT I HAVE NOT KNOWINGLY AND WILLFULLY MADE A FALSE STATEMENT OR GIVEN INFORMATION WHICH I KNOW TO BE FALSE IN CONNECTION HEREWITH.

Signed _____

Print Name _____

Sworn to before this ____ **day of** _____, **20** ____

Notary Public Signature